

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035363

STATE FILE NUMBER

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 461

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 14 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Cape Girardeau		a. STATE Mo. b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Jackson	
Length of stay in 1b 2 weeks		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Hospital		d. STREET ADDRESS (If outside, give location) Route 2	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED		4. DATE OF DEATH	
First JOHN Middle OTTO Last SEABAUGH		Month October Day 10 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/21/1891
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months 4 Days 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer	
11. BIRTHPLACE (City and state or country) Bollinger County		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Johnson Seabaugh		13b. MOTHER'S MAIDEN NAME Caroline Hartle	
14. NAME OF HUSBAND OR WIFE Clola Seabaugh		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. n/a		17. INFORMANT Eugene Seabaugh, Oak Ridge, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic Carcinoma DUE TO (b) Acute bacterial Pneumonia DUE TO (c) Aplastic Anemia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Aplastic Anemia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Jackson, Missouri		
21. I attended the deceased from Sept 29, 1963 to Oct 10, 1963 and last saw her/him alive on Oct 10, 1963		22a. SIGNATURE J. E. Hecker, M.D.	
Death occurred at 1:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS Jackson, Missouri	
22c. DATE SIGNED Oct 11, 1963		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 10/13/1963		23c. NAME OF CEMETERY OR CREMATORY Memorial Park	
23d. LOCATION (City, town, or county) Cape Girardeau Mo.		24. FUNERAL DIRECTOR S. C. Crawford	
25. DATE RECD. BY LOCAL REG. 10-12-63		26. REGISTRAR'S SIGNATURE Eugene Seabaugh	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by J. C. Bond, Student Embalmer No. 672

working under my personal supervision.

Student

J. C. Bond, Jr.
Signature of Student Embalmer

Signed

J. C. Cawcraft

Licensed Embalmer No.

4327

P. O. Address

Indian, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.